

Independent Study Request Form

Instructions:

1. Complete Sections I and II.
2. The faculty member who will be your supervising instructor must complete Section 3.
3. Bring the completed form to the Department of Art Academic Advising office (202 CFA). You will be registered for the class. **Note: There will be a lab fee charged for this course.**

Section I

Name: _____ (please print) Phone Number: _____

City	State	Zip
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Email Address: UB Person #

Section II

Registration # _____ Credit Hours: _____ Semester: _____

Course Section # Course Title: Independent Study -

Supervising Instructor:

**In the space below state what you plan to accomplish throughout this independent study:
(Continue on reverse if necessary)**

Section III

I approve the work outline above, agree to supervise the student in this work and agree to report a final grade.

Instructor's Name _____ Date _____
(please print)

(signature)